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PTO/SB/01 (12-97)

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## 05-03-008 **Attorney Docket Number DECLARATION FOR UTILITY OR** Barnaby Henderson, et al. First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) 10 **/** 706,849 **Application Number** Filing Date November 12, 2003 Declaration ■ Declaration Submitted OR Submitted after Initial 2122 **Group Art Unit** Filing (surcharge (37 CFR 1.16 (e)) with Initial Not yet assigned Filing **Examiner Name** required)

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT FOR IDENTIFYING CODE DEVELOPMENT ERRORS										
the specification of which (Title of the Invention)  is attached hereto										
OROR										
was filed on (MM/DD/YYYY) 11/12/2003 as United States Application Number or PCT International										
Application Number 10/706,849 and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have re-	viewed and understand the	contents of the above ident	ified specification	n, including the	claims, as					
amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application	Country	Foreign Filing Date	Priority	Certified Copy Attached?						
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO					
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number(	s) Filling Date	e (MM/DD/YYYY)	numbe	onal provisiona ers are listed o emental priority	n a					
			PTO/S	B/02B attache	ed hereto.					

[Page 1 of 2]
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## DECLADATION Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number					Parent Filing Date P (MM/DD/YYYY)				arent Patent Number (if applicable)				
	Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.												
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in and Trademark Office connected therewith:  Customer Number 34279  OR  Registered practitioner(s) to prosecute this application and to transact all business in and Trademark Office connected therewith:  Registered practitioner(s) name/registration number listed below							omer Code						
Nam	ie		Registration Number				Name				Registration Number		
Additional registere	d practitioner(s) na	amed o	n suppleme	ental	Registered	Pract	titioner li	nformation s	heet PTO	/SB/020	attached here	eto.	
Direct all correspond	ence to: 🗶 C	Custom	er Numbe Code Labe	r	342						ondence add	_	
Name													
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believed to be true; an punishable by fine or i	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of Sole or	Name of Sole or First Inventor:									entor			
Given Name (first and middle [if any])					Family Name or Surname								
Barnaby				Henderson									
Inventor's Signature	B. THenl					Date 27/11/03							
Residence: City	Milton State Cambridg			Cambridge	Country UK Citizenship UK						UK		
Post Office Address	st Office Address Half Acre, Cambridge Road												
Post Office Address	Post Office Address												
City	Milton State Cambridge ZI				ZIP	CV4 6AW Country UK							
Additional inventors are being named on theX_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto													



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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page \_\_\_\_ of \_\_\_\_

Name of Addition	y:		A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])				Family Name or Surname							
Paul				Elliot							
Inventor's Signature	Reul Flit								2	7-11-6003	
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Post Office Address	21 High Street, Little Paxton										
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City	St. Neots	State	Cambridgesh	ire	ZIP	PE19 6HA	Countr	y UK			
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor											
Given Na	me (first and middle [if any]	)		Family Name or Surname							
Inventor's Signature							Da	te			
Residence: City		State		c	ountry			Citize	nship		
Post Office Address											
Post Office Address											
City		State			ZIP		Cou	ntry			
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any]) Family Name or Surname											
Inventor's Signature						Da	te				
Residence: City		State		c	ountry			Citize	nship		
Post Office Address											
Post Office Address			·	,							
City		State			ZIP			Country			

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